Home Environmental Checklist (HEC)

Allies Against Asthma

A1. Assessor's Name: _____

A2. Date: _____/_____/_____

A2a. Return Visit Date: _____/_____/_____ *(if needed)*

A3. Address: _____ City: _____ ZIP code: _____

A4. Caretaker's Name: _____
First Last

A5. Child's Name: _____
First Last

A6. Starting Time: _____:_____ AM/PM

A7. Building construction year: _____ (via iMap) (*Attach printout to paperwork)*

(During the course of the interview, record temperature below)

O

	Living room or common family space	Child's bedroom	Hot water from kitchen sink
A8. Temperature	a. _____	b. _____	c. _____

Interviewer: for this questionnaire, the methods of getting information are:
O = observation only, A = ask client, A+O = ask and observe

Interviewer: complete this page before entering the home.

BUILDING EXTERIOR/OUTSIDE

1. Do you see any problems with the roof (for example sagging, holes, or missing materials)?

O Yes……..1
No .....…….2
Can't see entire roof.....…….9

2. Do you see any walls with missing bricks, siding, shingles, etc.?

O Yes .....…….1
No .....…….2

3. Is any paint peeling or flaking on the outside of the house?

O Yes .....…….1
No .....…….2

4. Does water spill onto siding or foundation because of malfunctioning or absent gutters and/or downspouts?

O Yes .....…….1
No .....…….2

5. Is soil or vegetation in contact with the siding of the house?

O Yes .....…….1
No .....…….2

6. Is there accumulated garbage or debris on the property?

O Yes .....…….1
No .....…….2

For interviewer to read➢: The purpose of this interview is to collect information about your home environment as it relates to your child's asthma and safety. Most of the questions are designed to guide the type of help you will receive. Other questions are to let us know if what we are doing makes a difference for the community.

If there is a question you do not want to answer, please let me know and we can skip it. All of your responses are confidential and will not affect any of the services you receive at the clinic or from your provider.

After the interview questions, we will walk through several rooms in the house with you to make some observations.

B. PARTICIPANT ACTIONS

I will now ask you some questions about things some people do in their homes to help control asthma triggers. There is no right or wrong answer, just tell me what YOU do.

Now please tell me some things you do to:

	None 0	Don't know 9
B1. Lower exposure to dust mites		
B2. Keep roaches out of your home		
B3. Keep rodents (mice and rats) out of your home		
B4. Keep mold and moisture out of your home		
B5. Keep pets from making your child's asthma worse		
B6. Keep pollens from making your child's asthma worse		
B7. Some people use bleach to get rid of mold. If you do, how much bleach do you add to a gallon of water to make a safe, effective mold cleaning solution? [A gallon is the size of a large plastic milk container.] **Amount:_____ Don't use bleach_____ Don't know____**		

C. GENERAL QUESTIONS

The purpose of the following questions is to look at the environment in your home and how it relates to your child's asthma as well as the health of other household members.

A C1. How many people usually live in the home? #_____
(including all adults and children)

A C2. Where does [CHILD] usually sleep?
Bedroom 1
Living room/family room 2
Other .....3 Specify_____

D. DUST AND CLEANING

≺**For interviewer to read**≻: Next, I would like to ask you some questions related to dust, cleaning, and washing.

D1. When people come into your house, do they always:

O + A a. Remove their shoes? ☐ 1 Yes ☐ 2 No ☐ 3 Sometimes

b. Use doormat or hall rug to wipe their feet? ☐ 1 Yes ☐ 2 No ☐ 3 Sometimes

D2. Do you now have a working vacuum cleaner in the house?

O + A Yes……..1 **Brand:**_____

Model#:_____ **Bag:**_____

No..... …….2 ⤷Skip to D6

D3. Does the vacuum have a special air filter, such as a HEPA filter, to keep dust in the vacuum?

O ☐ 1 Yes ☐ 2 No ☐ 9 Don't know

<For interviewer to read> The next questions are about things you did to clean your house **during the last 14 days**. [None=0, DK=99].

During the LAST 14 DAYS, how many times did you or anyone in the home Times/14 days

A D4. Vacuum the floor of the room in which *[CHILD]* sleeps? #_____

A D5. Vacuum or wash the cloth-covered furniture in the home? #_____
(if no cloth covered furniture, enter 98)

A D6. Dust the room in which *[CHILD]* sleeps? #_____

A D7. Scrub the tub or shower wall in the bathroom? # _____

A D7a. What do you use to scrub the tub or shower wall in the bathroom? *(Read choices)*

Tilex or other store bought cleaner……. ☐1 Yes ☐2 No

Bleach and water solution..... ☐1 Yes ☐2 No

Detergent and water ..... ☐1 Yes ☐2 No

Plain water..... ☐1 Yes ☐2 No

Other ⇨Specify_____

During the LAST 14 DAYS, how many times did you or any one in the home # Times/14 days

A D8. Sweep, mop, dust or vacuum the kitchen or cooking area floor? # _____

A D9. Clean the kitchen counter? # _____

A D10. Wash or freeze your child's stuffed animals? # _____
[If no stuffed animal, enter 98]

A D11. Wash your child's sheets and pillowcases? # _____
[If no pillows, enter 98]

A D12. Wash your child's pillows? # _____

A D13 Where do you usually do your laundry?

At home.....1

In another home 2

In a Laundromat 3

Other 4

A D14. When you wash *[CHILD]*'s sheets and pillow cases what temperature do you use for the

(Circle number)	a. Wash cycle?	b. Rinse cycle?
Hot	1	1
Warm	2	2
Cold	3	3
Don't Know	9	9

<For interviewer to read> During the last **12 months**, how many times did you.

A D15. Wash the cover on your child's bed (i.e. blankets/spreads/ comforters)?

Number of times……#_____

Other.....98 ☞Specify_____

Don't know.....99

A D16. How do you clean area rugs? (*Check all that apply*)

a. ☐ Vacuum surface
b. ☐ Vacuum both sides
c. ☐ Shake
d. ☐ Send out
e. ☐ Wash
f. ☐ Other ☞Specify_____
g. ☐ Don't clean them
h. ☐ No area rug

E. VENTILATION AND MOISTURE

≺**For interviewer to read**≻: Next are some questions about ventilation and moisture in your home.

E1. First, how often do windows other than bathroom and kitchen fog up? Would you say:

A (*Read responses*)

Never 5
Rarely.....4
Sometimes.....3
Most of the time 2
Always.....1
Don't Know.....9

E2. Does the bathroom window or mirror stay fogged up for more than 15 minutes

A after the shower is used?

☐ 1 Yes ☐ 2 No ☐ 9 Don't know

E3. Do you use a humidifier/vaporizer in the home?

A + O ☐ 1 Yes ☐ 2 No ☐ 9 Don't know

F. PETS AND PESTS

For interviewer to read: Next I would like to ask you some questions about pets.

F1. Do you have any pets, such as dogs, cats, rabbits, birds, hamsters/gerbils/other rodents or others?_____

Does it/Do they come inside? _____

Does it/Do they come inside the child's sleeping room? _____

For interviewer to read: Next I would like to ask you some questions about cockroaches, and mice or rats.

F2. Do you have cockroaches in your home now? ..... ☐1 Yes ☐ 2 No ☐ 9 Don't Know

A If yes, has anything been done about it? _____

F3. Have you had any problems with mice or rats in your home now? ☐1 Yes ☐ 2 No ☐ 9 Don't Know

A If yes, has anything been done about it? _____

HOME WALK-THROUGH

For interviewer to read Now I would like to walk through several rooms of your home with you. I will be making observations, looking under sinks in the kitchen and bathroom, and recording information about these rooms. I will also be asking you questions related to specific items in some of the rooms we will be surveying. Is it okay to start with your child's bedroom?

G. CHILD'S BEDROOM/SLEEPING AREA

G1. At what temperature do you keep this room during the heating season? _____ ^{0}F

A (*Enter 98 if the heater does not work*)

G2. Does the object (bed, mattress, etc.) on which *[CHILD]*

A + O usually sleeps have a zippered allergy control cover? ☐1 Yes ☐ 2 No

G3. Does the pillow have a zippered allergy control cover? ☐1 Yes ☐ 2 No ☐ 3 No pillow

***Interviewers**: Please complete the HOME ASSESSMENT CHECK LIST for child's bedroom/sleeping area.*

A + O *All questions are **"O"** except where "ASK" is stated.*

Child's Bedroom	*Mark Correct Answer*
Type of floor covering:	☐1 Carpeting ☐2 Hardwood, tile, linoleum or vinyl ☐3 Other
Carpet type:	☐1 Level loop ☐2 Shag or plush
Is the carpet damp to touch? ⏭If yes, ask: more than 48 hours?	☐1 Yes ☐2 No ☐1 Yes ☐2 No
Cloth-covered furniture? ⏭If yes, how many pieces?	☐1 Yes ☐2 No # _____
Stuffed toys? ⏭If yes, how many toys?	☐1 Yes ☐2 No # _____
Can **at least** one **window** be opened?	☐1 Yes ☐2 No
Ask: When weather allows, do you **open the window to ventilate?**	☐1 Always ☐2 Most times ☐3 Sometimes ☐4 Never
Types of window covering:	☐1 Curtains/drapes ☐2 Blinds or shades ☐3 Not applicable
Optional safety — Is the **window fall-proof**?	☐1 Yes ☐2 No

Child's Bedroom		Mark Correct Answer
Level of dust on surface in the room		☐1 None ☐2 Slight ☐3Moderate ☐4 Heavy
Optional safety	Notice any **electrical cords** in poor condition?	☐1 Yes ☐2 No
	Do radiators have safety covers?	☐1 Yes ☐2 No ☐9Not Applicable

Structural problems	
Cracks (larger than thickness of a dime)	☐1 Yes ☐2 No
Holes	☐1 Yes ☐2 No
Peeling paint	☐1 Yes ☐2 No
Other	☐1 Yes ☐2 No
⏩If yes, specify:	_____
⏩If any structural problems, mold or leak, *ask:*	
Have you tried to fix the problem yourself?	☐1 Yes ☐2 No
⏩If yes, what did you do?	
Have you asked your landlord to fix the problem?	☐1 Yes ☐2 No
⏩If yes, what did he/she do?	

Child's Bedroom	Mark Correct Answer
Are any of the following odors present?	
Tobacco	☐1 Yes ☐2 No
Mold	☐1 Yes ☐2 No
Fragrance (air freshener)	☐1 Yes ☐2 No
Candles/incense	☐1 Yes ☐2 No
Strong smelling cleaner or chemical	☐1 Yes ☐2 No:
Other	_____⏩If yes, specify below
	_____
See evidence of (in the room and closet)	
Water damage	☐1 Yes ☐2 No
Condensation	☐1 Yes ☐2 No
Water leaks/drips	☐1 Yes ☐2 No
Water leak source	☐1 Outside ☐2 Inside

See evidence of (in the room and closet) **Mold/mildew** **Location**	☐1 Yes ☐2 No ⏩ **If yes, record items below** _____ _____ ☐1 ≤ 10 ft² ☐2 >10 ft² **Intensity** ☐1 Slight ☐2 Moderate ☐3 Severe

See evidence of (in the room and closet)		
Cockroaches (include eggs, feces, insects)	☐1 Yes ☐2 No	
Rodents (or droppings)	☐1 Yes ☐2 No	
Cigarette butts, ashtrays with ashes	☐1 Yes ☐2 No	

H. LIVING ROOM/FAMILY ROOM

⋖For interviewer to read⋗ Next, let's have a look at the living room.

*Please complete the **HOME ASSESSMENT CHECK LIST** for the living room or family room.*

Living Room/Family Room	*Mark Correct Answer*
Type of floor covering:	☐1 Carpeting ☐2 Hardwood, tile, linoleum or vinyl ☐3 Other
Carpet type:	☐1 Level loop ☐2 Shag or plush
Is the carpet damp to touch? ⏩If yes, ask: more than 48 hours?	☐1 Yes ☐2 No ☐1 Yes ☐2 No
Cloth-covered furniture? ⏩If yes, how many pieces?	☐1 Yes ☐2 No #_____
Stuffed toys? ⏩If yes, how many toys?	☐1 Yes ☐2 No #_____
Can **at least** one **window** be opened?	☐1 Yes ☐2 No
Ask: When weather allows, do you **open the window to ventilate?**	☐1 Always ☐2 Most times ☐3 Sometimes ☐4 Never
Types of window covering:	☐1 Curtains/drapes ☐2 Blinds or shades ☐3Not applicable
Optional safety — Is the **window fall-proof**? **[optional safety]**	☐1 Yes ☐2 No

Living Room/Family Room	Mark Correct Answer
Level of dust on surface in the room	☐1 None ☐2 Slight ☐3 Moderate ☐4 Heavy
Optional safety — Notice any **electrical cords** in poor condition?	☐1 Yes ☐2 No
Optional safety — Do radiators have safety covers?	☐1 Yes ☐2 No ☐3 Not Applicable

Structural problems	
Cracks (larger than thickness of a dime)	☐1 Yes ☐2 No
Holes	☐1 Yes ☐2 No
Peeling paint	☐1 Yes ☐2 No
Other	☐1 Yes ☐2 No
⏩ If yes, specify:	_____
⏩ If any structural problems, mold or leak, *ask:* Have you tried to fix the problem yourself?	☐1 Yes ☐2 No
⏩ If yes, what did you do?	
Have you asked your landlord to fix the problem?	☐1 Yes ☐2 No
⏩ If yes, what did he/she do?	

Living Room/Family Room	*Mark Correct Answer*
Are any of the following odors present?	
Tobacco	☐1 Yes ☐2 No
Mold	☐1 Yes ☐2 No
Fragrance (air freshener)	☐1 Yes ☐2 No
Candles/incense	☐1 Yes ☐2 No
Strong smelling cleaner or chemical	☐1 Yes ☐2 No:
Other	_____ ⏩ If yes, specify below _____
See evidence of (in the room and closet)	
Water damage	☐1 Yes ☐2No
Condensation	☐1 Yes ☐2 No
Water leaks/drips	☐1 Yes ☐2 No
Water leak source	☐1Outside ☐2 Inside
See evidence of (in the room and closet) **Mold/mildew**	☐1 Yes ☐2 No ⏩ **If yes, record items below**
Location	_____ _____
	☐1 ≤ 10 ft^2 **Intensity** ☐1 Slight ☐2 >10 ft^2 ☐2 Moderate ☐3 Severe

See evidence of (in the room and closet) Cockroaches (include eggs, feces, insects)	☐1 Yes ☐2 No	
Rodents (or droppings)	☐1 Yes ☐2 No	
Cigarette butts, ashtrays with ashes	☐1 Yes ☐2 No	

I. THE KITCHEN

⋖For interviewer to read⋗ Next, let's have a look at the kitchen.

I1. Is there a hood/vent with a working fan present over the stove/oven? *(Turn on fan to test)*

A + O

Yes……1
No .....2 ↪Skip to CHECKLIST
Don't know .....9 ↪Skip to CHECKLIST

I2a. Is the hood or vent over the stove ventilated to the outside?

A + O *(Look at outside wall if possible to see if vent is in place)*

☐1 Yes ☐2 No ☐9 Don't know

I2b. How often is the fan or vent used when the stove is in use? Would you say:

A

Always.....1
Most of the time.....2
Sometimes 3
Rarely.....4
Never.....5
Don't Know.....9

O I2c. Do the toilet paper test: Is the suction in the fan adequate?

☐1 Yes ☐2 No ☐9 Don't know

*Please complete the home assessment **CHECKLIST** for the kitchen.*
*Remember to measure **hot water temperature** and record on the face sheet.*

Kitchen	*Mark Correct Answer*
Type of floor covering:	☐1 Carpeting ☐2 Hardwood, tile, linoleum or vinyl ☐3 Other
Carpet type:	☐1 Level loop ☐2 Shag or plush
Is the carpet damp to touch? ⏭If yes, ask: more than 48 hours?	☐1 Yes ☐2 No ☐1 Yes ☐2 No
Cloth-covered furniture? ⏭If yes, how many pieces?	☐1 Yes ☐2 No #_____
Stuffed toys? ⏭If yes, how many toys?	☐1 Yes ☐2 No #_____
Can **at least** one **window** be opened?	☐1 Yes ☐2 No
Ask: When weather allows, do you **open the window to ventilate?**	☐1 Always ☐2 Most times ☐3 Sometimes ☐4 Never
Types of window covering:	☐1 Curtains/drapes ☐2 Blinds or shades ☐3 Not applicable
Is the **window fall-proof**?	☐1 Yes ☐2 No

Optional safety

Kitchen		*Mark Correct Answer*
Level of dust on surface in the room		☐1 None ☐2 Slight ☐3 Moderate ☐4 Heavy
Optional safety	Notice any **electrical cords** in poor condition?	☐1 **Yes** ☐2 **No**
	Do radiators have safety covers?	☐1 Yes ☐2 No ☐3 Not Applicable

Structural problems	
Cracks (larger than thickness of a dime)	☐1 Yes ☐2 No
Holes	☐1 Yes ☐2 No
Peeling paint	☐1 Yes ☐2 No
Other	☐1 Yes ☐2 No
⏩ If yes, specify:	_____
⏩ If any structural problems, mold or leak, *ask:*	
Have you tried to fix the problem yourself?	☐1 Yes ☐2 No
⏩ If yes, what did you do?	
Have you asked your landlord to fix the problem?	
⏩ If yes, what did he/she do?	☐1 Yes ☐2 No

Kitchen	Mark Correct Answer
Are any of the following odors present?	
Tobacco	☐1 Yes ☐2 No
Mold	☐1 Yes ☐2 No
Fragrance (air freshener)	☐1 Yes ☐2 No
Candles/incense	☐1 Yes ☐2 No
Strong smelling cleaner or chemical	☐1 Yes ☐2 No:
Other	_____ ⏩ If yes, specify below _____
See evidence of (in the room and closet)	
Water damage	☐1 Yes ☐2 No
Condensation	☐1 Yes ☐2 No
Water leaks/drips	☐1 Yes ☐2 No
Water leak source	☐1 Outside ☐2 Inside
See evidence of (in the room and closet) **Mold/mildew**	☐1 Yes ☐2 No ⏩ **If yes, record items below**
Location	_____ _____
	☐1 ≤ 10 ft^2 ☐2 >10 ft^2 **Intensity** ☐1 Slight ☐2 Moderate ☐3 Severe

See evidence of (in the room and closet) Cockroaches (include eggs, feces, insects)	☐1Yes ☐2 No	
Rodents (or droppings)	☐1 Yes ☐2 No	
Cigarette butts, ashtrays with ashes	☐1 Yes ☐2 No	

J. THE BATHROOM

⋖For interviewer to read⋗ Let's visit the bathroom *[CHILD]* uses most

J1. Is there a working fan in the bathroom? *(Turn on the fan to test)*

A + O

Yes 1
No .....2 ⤷Skip to K2

J1a. ⏩If yes, how often is the fan used during and after a shower? Would you say:

A

Always.....1
Most of the time.....2
Sometimes 3
Rarely.....4
Never 5
Don't Know.....9

J1b. Do the toilet paper test: Is the suction in the fan adequate?

A + O ☐1 Yes ☐2 No

J1c. Is the fan vented to the outside? *(Check outside to see if vent is visible)*

A ☐1Yes ☐2 No ☐3 Don't know

J2. Are there cracks or spaces around the tub, shower or sink caused by inadequate caulking, missing tiles, etc.?

O ☐1 Yes ☐2 No

⇨ *Please complete the home assessment **CHECKLIST** for the bathroom.*

Bathroom	*Mark Correct Answer*
Type of floor covering:	☐1 Carpeting ☐2 Hardwood, tile, linoleum or vinyl ☐3Other
Carpet type:	☐1 Level loop ☐2Shag or plush
Is the carpet damp to touch? ⏭If yes, ask: more than 48 hours?	☐1 Yes ☐2 No ☐1 Yes ☐2 No
Cloth-covered furniture? ⏭If yes, how many pieces?	☐1 Yes ☐2 No #_____
Stuffed toys? ⏭If yes, how many toys?	☐1 Yes ☐2 No #_____
Can **at least** one **window** be opened?	☐1 Yes ☐2 No
Ask: When weather allows, do you **open the window to ventilate?**	☐1 Always ☐2 Most times ☐3 Sometimes ☐4 Never
Types of window covering:	☐1 Curtains/drapes ☐2 Blinds or shades ☐3 Not applicable
Optional safety — Is the **window fall-proof**?	☐1 Yes ☐2 No

Bathroom	*Mark Correct Answer*
Level of dust on surface in the room	☐1 None ☐2 Slight ☐3 Moderate ☐4 Heavy
Optional safety — Notice any **electrical cords** in poor condition?	☐1 Yes ☐2 **No**
Do radiators have safety covers?	☐1 Yes ☐2 No ☐3 Not Applicable

Structural problems	
Cracks (larger than thickness of a dime)	☐1 Yes ☐2 No
Holes	☐1 Yes ☐2 No
Peeling paint	☐1 Yes ☐2 No
Other	☐1 Yes ☐2 No
⏩ If yes, specify:	_____
⏩ If any structural problems, mold or leak, *ask:*	
Have you tried to fix the problem yourself?	☐1 Yes ☐2 No
⏩ If yes, what did you do?	
Have you asked your landlord to fix the problem?	
⏩ If yes, what did he/she do?	☐1 Yes ☐2 No

Bathroom	*Mark Correct Answer*
Are any of the following odors present?	
Tobacco	☐1 Yes ☐2 No
Mold	☐1 Yes ☐2 No
Fragrance (air freshener)	☐1 Yes ☐2 No
Candles/incense	☐1 Yes ☐2 No
Strong smelling cleaner or chemical	☐1 Yes ☐2 No:
Other	_____ ⏩ If yes, specify below
	_____
See evidence of (in the room and closet)	
Water damage	☐1 Yes ☐2 No
Condensation	☐1 Yes ☐2 No
Water leaks/drips	☐1 Yes ☐2 No
Water leak source	☐1 Outside ☐2 Inside

See evidence of (in the room, especially behind toilet and under sink, as well as walls and windows) **Mold/mildew**	☐1 Yes ☐2 No ⏩ **If yes, record items below**
Location	☐1 ≤ 10 ft^2 ☐2 >10 ft^2
	Intensity ☐1 Slight ☐2 Moderate ☐3 Severe

See evidence of (in the room and closet)			
Cockroaches (include eggs, feces, insects)	☐1 Yes	☐2 No	
Rodents (or droppings)	☐1 Yes	☐2 No	
Cigarette butts, ashtrays with ashes	☐1 Yes	☐2 No	

K. BASEMENT or CRAWL SPACE

K1. If the basement floor is carpeted, is there a vapor barrier under the carpet?

A + O ☐1 Yes ☐2 No ☐9 Don't know ☐8 Not carpeted

K2. Is there a crawl space under the house?

A + O Yes 1
No .....2 ↪Skip to CHECKLIST

K3. Does the crawl space have vents?

A + O ☐1 Yes ☐2 No

K4. Is the crawl space wet or damp?

A + O ☐1 Yes ☐2 No ☐3 Can't access

K5. Is there a moisture barrier in the crawl space?

A + O ☐1 Yes ☐2 No ☐3 Can't access

Stop and go to the checklist for the basement

*Please complete the home assessment **CHECKLIST** for the **basement if basement is used as a living space.** If the basement **is not used for living space**, answer questions in **the odor and evidence boxes only.***

Basement	*Mark Correct Answer*
Type of floor covering:	☐1 Carpeting ☐2 Hardwood, tile, linoleum or vinyl ☐3 Other
Carpet type:	☐1 Level loop ☐2 Shag or plush
Is the carpet damp to touch? ⏭If yes, ask: more than 48 hours?	☐1 Yes ☐2 No ☐1 Yes ☐2 No
Cloth-covered furniture? ⏭If yes, how many pieces?	☐1Yes ☐2 No #_____
Stuffed toys? ⏭If yes, how many toys?	☐1 Yes ☐2 No #_____
Can **at least** one **window** be opened?	☐1 Yes ☐2 No
Ask: When weather allows, do you **open the window to ventilate?**	☐1 Always ☐2 Most times ☐3 Sometimes ☐4 Never
Types of window covering:	☐1 Curtains/drapes ☐2 Blinds or shades ☐3 Not applicable

Basement		*Mark Correct Answer*
	Level of dust on surface in the room	☐1 None ☐2 Slight ☐3 Moderate ☐4 Heavy
Optional safety	Notice any **electrical cords** in poor condition?	☐1 Yes ☐2 No
	Do radiators have safety covers?	☐1 Yes ☐2 No ☐3 Not Applicable

Structural problems	
Cracks (larger than thickness of a dime)	☐1 Yes ☐2 No
Holes	☐1 Yes ☐2 No
Peeling paint	☐1 Yes ☐2 No
Other	☐1 Yes ☐2 No
⏩ If yes, specify:	_____
⏩ If any structural problems, mold or leak, *ask:*	
Have you tried to fix the problem yourself?	☐1 Yes ☐2 No
⏩ If yes, what did you do?	
Have you asked your landlord to fix the problem?	
⏩ If yes, what did he/she do?	☐1 Yes ☐2 No

⇨ **Odor & evidence boxes follow – complete these sections for basements used as living space.**

Basement	*Mark Correct Answer*
Are any of the following odors present?	
Tobacco	☐1 Yes ☐2 No
Mold	☐1 Yes ☐2 No
Fragrance (air freshener)	☐1 Yes ☐2 No
Candles/incense	☐1 Yes ☐2 No
Strong smelling cleaner or chemical	☐1 Yes ☐2 No:
Other	_____ ⏩ If yes, specify below
	_____
See evidence of (in the room and closet)	
Water damage	☐1 Yes ☐2 No
Condensation	☐1 Yes ☐2 No
Water leaks/drips	☐1 Yes ☐2 No
Water leak source	☐1 Outside ☐2 Inside

See evidence of (in the room and closet) **Mold/mildew** **Location**	☐1 Yes ☐2 No ⏩**If yes, record items below** _____ _____ ☐1 ≤ 10 ft² ☐2 >10 ft² **Intensity** ☐1 Slight ☐2 Moderate ☐3 Severe

See evidence of (in the room and closet)			
Cockroaches (include eggs, feces, insects)	☐1 Yes	☐2 No	
Rodents (or droppings)	☐1 Yes	☐2 No	
Cigarette butts, ashtrays with ashes	☐1 Yes	☐2 No	

L. HEAT SOURCE

(Use the table below to record answers)

⩤For interviewer to read⩥ **Next, I would like to ask you some questions about the heat sources in your home.**

A + O ***QUESTIONS TO THE RIGHT***	L1. Filter on air intake ***A + O***	L1a. How clean? ***O***
1a. Electric – furnace	☐1 Yes ☐2 No ☐3 Don't know	☐1 Clean ☐2 Partially dirty ☐3 Dirty ☐4 Unable to observe
b. Gas	☐1 Yes ☐2 No ☐3 Don't know	☐1 Clean ☐2 Partially dirty ☐3 Dirty ☐4 Unable to observe
c. Oil	☐1Yes ☐2 No ☐3 Don't know	☐1 Clean ☐2 Partially dirty ☐3 Dirty ☐4 Unable to observe
d. Wood stove fireplace		

M. OTHER

⋖For interviewer to read⋗ Now, some other questions.

M1. Do you have a working clothes dryer in the home?

A Yes 1
No .....2 ↪Skip to O2

M1a. Is it vented on the outside? *(Check on outside wall to see if there is a vent)*

A + O ☐1 Yes ☐2 No ☐3 Don't know

N. CHEMICALS AND IRRITANTS

N1. Do you have anything in your home that has a strong odor or that irritates your child's asthma or makes the asthma worse, such as:

a. Cleaning products that contain bleach or ammonia ☐1 Yes ☐2 No

b. Paint products, solvents, glue ☐1 Yes ☐2 No

c. Air fresheners, scented candles, incense ☐1 Yes ☐2 No

Optional d. Pesticides (Don't make asthma worse but are toxic) ☐1 Yes ☐2 No

e. Other: _____ ☐1 Yes ☐2No
Specify

Optional Toxics Module

O. PAINT

⋖For interviewer to read⋗ Now I have a few questions about paint inside and outside your home.

O1. Has there been remodeling or paint removal on the inside or outside of your home in the last two years?

(If apartment, include inside spaces of building such as lobby or hallway)

A ☐1 Yes ☐2 No ☐3 Don't know

O2. Are you or your landlord planning to remodel or repaint within the next 12 months?

A ☐1 Yes ☐2 No ☐3 Don't know

O1. Does your building have asbestos (furnace insulation, "popcorn" ceiling)?

A + O
Yes 1
No .....2 ↪Skip to O3
Don't know .....9 ↪Skip to O3

O1a. ⏭If yes, is the surface of the asbestos in good condition?
(i.e., not damaged, loose, or flaking)

A + O ☐1 Yes ☐2 No ☐3 Don't know

O4. Is there a place to store chemicals that is separated from the living area so that fumes cannot get into the living space, such as a shed or detached garage?

A Yes .....1 ☞Specify location _____
No 2

O5. Does anyone do hobbies or crafts in the home?

A Yes .....1 ☞Specify_____
No 2

O6. Are there members of the household who work with hazardous materials on the job? (such as asbestos, batteries, lead, mercury, paint or pesticides).

A
Yes 1
No… .....2 ↪Skip to next section
Don't know.....9 ↪Skip to next section

O6a. Before coming home, do they ?

O6a1. Change clothes…. ☐1 Yes ☐2 No ☐3 Don't know

O6a2. Change shoes ….. ☐1 Yes ☐2 No ☐3 Don't know

O6a3. Shower…… ☐1 Yes ☐2 No ☐3 Don't know

O6b. Are their work clothes laundered separately from the family wash?

☐1 Yes ☐2 No ☐3 Don't know

P. SAFETY

P1. Is lighting adequate for safety for the following places?

O		Yes	No, no light fixture	No, light bulbs burned out	Not applicable
	Hallway	☐1	☐2	☐3	☐9
	Staircase	☐1	☐2	☐3	☐9
	Porch/front door	☐1	☐2	☐3	☐9
	Walkway to house	☐1	☐2	☐3	☐9

P2. Are the following structures in poor or deteriorating condition in any area of the home, inside or outside?

A + O				
	Stairs	☐1 Yes	☐2 No	☐9 Not applicable
	Railings	☐1 Yes	☐2 No	☐9 Not applicable
	Porches and balconies	☐1 Yes	☐2 No	☐9 Not applicable

P3. Is there a working smoke detector on each floor in your home?
(*test detector by pushing test button*)

A + O

Yes 1
No - battery dead 2
No - no detector or broken 3
Can't test 8
Don't know 9

P4. Is there a poison center number on or near the phone?

A + O ☐1 Yes ☐2 No ☐9 Don't know

P5. Is there Syrup of Ipecac in the home?

A + O ☐1 Yes ☐2 No ☐9 Don't know

A+ O

P6. In case of fire do you have at least 2 ways to get out of your home? (*ways include a fire escape, exit door, balcony, window you can crawl through, or stairs from a public hall*)

☐1 Yes ☐2 No ☐9 Don't know

P7. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.

A + O

Yes .....1 ⏩ Ask Q7a & Q7b below.
No .....2 ↪Skip to end.
Don't know/refused .....9 ↪Skip to end.

P7a. Are any kept loaded?

A + O ☐1 Yes ☐2 No ☐3 Don't know/refused

P7b. Are any kept unlocked?

A + O ☐1 Yes ☐2 No ☐3 Don't know/refused

P8. Are there any non-asthma medicines in the home accessible to children?

A Yes .....1 ☞Specify names of medicine _____
No 2

	P9	P10	P11
Are there any: *A + O*	**Flammable products stored near fire or heat?**	**Hazardous products within reach of children?**	**Damaged, rusting, leaking or open containers of hazardous products?**
	☐1 Yes ☐2 No	☐1 Yes ☐2 No	☐1 Yes ☐2 No
If yes:			
What is the product?			
Where is it stored?			

Thank you very much for allowing me to walk through your home and for answering these questions.

TIME AT THE END OF THE INTERVIEW: ____:____❑ AM ❑ PM